

# PCMH Initiative January 2018 Launch Webinar Questions and Answers

## Clinical Community Linkages

### 1. What are the options within 2-1-1 for Northern Michigan?

The new MiBridges portal offers a combination of benefit applications and resources that are queried from the 2-1-1 database across the state, so even if your area doesn't have 2-1-1 phone service the database of resources is updated and accessible. More information can be found within the January Office Hours Session on Integrated Service Delivery on the Care Delivery [website](#) under the "Past Events" section.

## Training

### 2. Would any of the IHI Open School courses count towards the 12 Continuing Education Units for Care Manager/Care Coordinators?

Currently, all CMRC live webinars, recorded webinars support the Care Manager and Coordinator Longitudinal Learning requirement. Additionally, the PCMH Initiative will recognize the five Person and Family-Centered Care courses available within the IHI Open School to meet this requirement. Care Managers and Coordinators should utilize the tools available through CMRC and IHI to track their participation in these activities, including dashboards and certificate centers.

### 3. What should we know for 2018 regarding practice learning credits?

In the 2018 PCMH Initiative we do not have a Practice Learning Requirement. This was a requirement in 2017 that has been phased out. However, in 2018, we have continued our Care Manager and Coordinator Learning Requirements. If you would like more details on the CMCC learning requirement you can find the information in the [2018 Participation Guide](#) under "Longitudinal Learning Requirements" in the Care Management and Coordination section

## Billing/Coding

### 4. Can Care Coordinators who are Registered Medical Assistants bill Care Manager Codes?

Registered Medical Assistants are considered approved Care Coordinators and can support some of the activities under Care Management and Coordination Services. Please see the [2018 Participation Guide](#) for additional details about how a Care Coordinator can support the submission of the CM/CC tracking codes (under the supervision of a provider and billed under the provider's NPI).

### 5. Are the Care Management Codes covered so the patient doesn't get billed?

Eligible patients within the SIM PCMH Initiative should not receive a bill of any kind for Care Management and Coordination services. They may however receive an explanation of benefits from their health plan.

**6. To bill for the Care Management codes—do the telephone codes need to be initiated by the patient?**

No, 98966, 98967 and 98968 can be initiated by the Provider.

**7. When billing the Care Management codes—does it matter how many diagnoses are listed?**

As long as a primary diagnosis is provided, it does not matter how many additional diagnoses are included.

**8. Does the Physician bill G9008? If yes, what care management document is required?**

Yes, the supervising Physician should bill G9008 when he/she has initiated care management services. Documentation should follow usual and customary procedures for billing.

**9. Can G9001 be billed by a MSW Care Manager?**

Yes, an MSW serving as a Care Manager can deliver the service, under the supervision of a physician, the service should be billed under the supervising physicians NPI.

**10. For billing Care Management charges at a customary charge, how does that apply to FQHC's with the new Institutional Billing requirements effective August 1, 2017?**

The FQHC Institutional Billing requirements do not have any impact on billing Care Management codes, therefore, usual customary billing practices should be utilized.

**11. Regarding billing Meridian Health Plan, are we to bill \$.01 amount or our fee schedule amount?**

Please submit all claims to all health plans at your usual customary charge. As of January 2017, Meridian Health Plan is manually correcting claims from 2017 and paying \$.01 for those claims.

**12. Any news on Rural Health Center billing?**

No, Rural Health Center billing is identical to FQHC billing therefore those policies apply.

**13. Should we bill codes without zeroing out? Sounds like the payers will be zeroing out on their end.**

All Care Management and Coordination Tracking codes should be billed using usual and customary amount.

**14. Do Care Managers have to work under or be directly supervised a Physician?**

To bill for Care Management and Coordination Services, a Care Manager or Coordinator must provide the services under the supervision of a Physician. However, that does not mean the employment relationship must be that a Physician directly supervises the Care Manager or Coordinator.

**15. For the G9008 code, what is comprised in coordination with that code? For BCBS the G9008 code is a one-time patient sign up code submitted by the physician. It is a once/per provider/lifetime code. Will that be the same as with the Medicaid patient population as well? (It came with a one-time \$50 payment).**

Effective February 2018 the SIM PCMH Initiative is utilizing G9008 for tracking purposes only, therefore, the code does not have limitations and can be utilized as many times as rendered. If the status of this code changes to one associated with a fee schedule, MDHHS will reassess its utilization and provide further guidance.

**PCMH Initiative Requirements**

**16. What is the best way to submit a provider's name change?**

By using the [Practice Change Form](#), selecting "Practice Change—Other" and entering in the provider's previous and new names. Please see the [2018 Participation Guide](#) for further information.

**17. Do all the sites have to have someone on the Quarterly Update Meetings or can someone from the PO be on the call and distribute to all sites?**

In 2017 we required that all sites attend the Quarterly Update Meetings. However, in 2018 we have changed the requirement so that only the PO Representative is required to attend, with the caveat that the information is relayed to the sites. Practices only need to attend if they are participating independent of a PO.

**18. Can we download the Participation Agreement?**

Yes, the 2018 Participation Agreement is accessible via the Care Delivery website under "Resources". There are two versions of the Participation Agreement, The [PO version](#) and the [Practice version](#). The PO version is signed at the Physician Organization on behalf of all practices within the PO participating in the 2018 PCMH Initiative. The Practice version is specifically for practices participating in the 2018 PCMH Initiative independent of a PO.

**19. What is the website address for the Participation Guide?**

The 2018 Participation Guide can be accessed via the [Care Delivery website](#) where it's listed under "Resources". Here's the direct [link](#).

**20. Is the MiCCSI training being covered by the PCMH Initiative?**

The PCMH Initiative is able to cover a specific number of training slots with each self-management training provider (MiCCSI, PTI, and IHP). As those slots are filled we are able to reassess the capacity and funding in order to provide additional spaces. There may be times when the self-management training provider places registrants on a waiting list while the PCMH Initiative evaluates the ability to secure more funding for those spots. If the Initiative is not able to open more spots with a specific training provider, participants are encouraged to check out the availability with other training providers, or have the option to cover the course costs themselves.

**21. Will this webinar be posted to the website?**

Yes, the PCMH Initiative Launch webinar is posted to the Care Delivery website under “Past Events”. Follow this direct [link](#) to access the recording.

**22. Can practices have a Medical Assistant working in the roll as Care Manager?**

No, a Medical Assistant cannot serve in the role of a Care Manager, but can serve in the role of a Care Coordinator. As a Care Coordinator he/she can provide patients assistance with self-management support, accessing medical services, making linkages to community services, and other related patient supports as appropriate. See the [2018 Participation Agreement](#) for further details on the roles and responsibilities of each position, as well as which Care Management and Coordination services a Care Coordinator can support.

**23. Regarding a Physician Organization, does the person that signs the Participation Agreement need to be available for the Yearly Launch Webinars and Quarterly Update Meetings or can other staff attend in their place?**

Physician Organizations can designate who will attend the yearly Launch Webinars and the Quarterly Update Meetings, with the understanding that they will disseminate the information provided to appropriate staff within each practice.